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Effective Notember 10, 1998										9/696956					
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CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMA		ENTITY	0 D	OTHER	THAN	
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MULTIPLE DEPENDENT CLAIM PRESENT									7	_		100			
# If the difference in column t is less than your enter 100 in actions 6										•		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2										AT.		OR	TOTAL		
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AMENDMENT C		REMAIN AFTE AMENDA	R		PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATI	E	TIONAL		RATE	TIONAL FEE	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-		OR			
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* If the entry in column 1 is less than the entry in column 2, write "t" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL				
	The "Highest Nu The "Highest Num	mber Previo	rusty Pa	ld For' IN TH	IS SPA	CE is less the	ın 3, enter "3."						ADDIT: FEE!		